2252

PLACE OF DEATH

County Greenlee

District

Town Metcalf

Or City

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 125 880

County Registered No. 221

Local Registrar's No. 35

No. St.

(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Jesus Maria Ardazola

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

~~Color or Race~~ ~~White Indian~~ ~~Black Chinese~~ Mexican +

SINGLE MARRIED WIDOWED or DIVORCED Child

DATE OF BIRTH 7 (Month) 11 (Day) 1912 (Year)

AGE ....yrs....mos. 20 days

If less than 1 day,.... hrs., or....min.

OCCUPATION
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Metcalf Arizona

PARENTS

NAME OF FATHER Pedro Ardazola

BIRTHPLACE OF FATHER (State or country) Old Mexico

MAIDEN NAME OF MOTHER Adeladia Arosa

BIRTHPLACE OF MOTHER (State or county) Old Mexico

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pedro Ardazola

(Address) Metcalf Arizona

PLACE OF BURIAL ~~OR REMOVAL~~ Metcalf Ariz.

DATE OF BURIAL ~~OR REMOVAL~~ 8—1—1913

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 8 (Month) 12 (Day) 1913 (Year)

I hereby certify, that I attended deceased from ..... 191....to.....191.....; that I last saw h..... alive on.....191.... and that death occurred on the date stated above at.....M. The DISEASE or INJURY causing Death was as follows: Mg

.....(Duration)....yrs.....mos.....days.....

Was disease contracted in Arizona? .....

If not, where? .....

CONTRIBUTORY .....

.....(Duration....yrs.....mos.....days.....

(Signed) .....

.....191.... (Address).....

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death....yrs....mos....ds. In Arizona....yrs....mos....ds.

Former or Usual Residence.....

Filed Aug 1st 1913 W. F. Burns Local Registrar

Filed 8/20 1913 L. W. Burton County Registrar

"Plain terms, that it make every effort for correction.

state CAUSE OF DEATH ... should state ... ed insert word "unknown." ... ificates will be returned ... may be properly classified. If any item can not be obtained ... possible to secure this information. Incorrect certi...